

Holroyd Disability Sport Expo



A showcase of sport for people with a disability and their families, including:

- Rugby League
- Basketball
- Sitting Volleyball
- Continuous Cricket
- Baseball
- Boccia
- Table top games

Participants will receive a Get Active show bag on the day.

Wednesday 4 November, 2009

Where: Merrylands Oval, Burnett St, Merrylands

Time: 2pm to 6pm

Cost: Free, drinks and fruit will be available on the day.

Transport options will be available for interested people.

Supported by



PRE ENROLMENT IS ESSENTIAL

For more information or to register

please contact Kate Montague on (02) 9006 3812
or email kate.montague@communities.nsw.gov.au



Communities
Sport & Recreation

Holroyd Disability Sport Expo

Enrolment information

Name

Date of birth

Address

Postcode

Male Female

Email

Home phone

Work phone

Mobile phone

Do you have any dietary requirements/medical conditions, allergies or disabilities that may affect your participation in this program?

Please give details.

Optional information

To help us serve the community it would be appreciated if you could answer the following questions:

Are you from a culturally-diverse background?

(for statistical purposes only)

Yes No

Are you of Aboriginal or Torres Strait Islander descent?

(for statistical purposes only)

Yes No

How, where and when did you find out about this program?

What programs are you interested in? (Please tick one only)

School holiday activities Childrens' camps Family camps

Sports development courses Coaching and administration courses

Any other ideas?

Media consent

Strike out whichever does not apply:

I agree to allow NSW Government to use my/my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name Self Parent Guardian (please tick)

Signature

Date

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Risk waiver

Strike out whichever does not apply:

I agree to, or I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that I or my child/ward will, abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for me, or my child/ward, to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating, or my child/ward is participating, in any activity or whilst I am, or my child/ward is, in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my, or my child's/ward's, attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for, or arising out of, the loss of my, or my child's/ward's, life, or injury, damage or loss of any description whatsoever and howsoever caused which I, or my child/ward, may suffer or sustain in the course of or as a result of my, or my child's/ward's participation in any activity and/or attendance at the Centre.

Full name Self Parent Guardian (please tick)

Signature

Date

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